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Letter dated 22 May 2015 from the Secretary-General addressed to the President of the General Assembly

1. The present letter on the work of the United Nations in response to the Ebola outbreak in West Africa covers developments from 1 April to 1 May 2015, the 210-day mark since the establishment of the United Nations Mission for Ebola Emergency Response (UNMEER). It records activities carried out by my Special Envoy on Ebola and UNMEER and provides an update on progress made in the Ebola response pursuant to General Assembly resolution 69/1 since my update of 16 April 2015 (A/69/871).

Current situation of the Ebola outbreak

2. As at 3 May 2015, a total of 26,628 confirmed, probable and suspected cases of Ebola had been reported in the three currently affected countries (Guinea, Liberia and Sierra Leone) and in six previously affected countries (Mali, Nigeria, Senegal, Spain, the United Kingdom of Great Britain and Northern Ireland and the United States of America). A cumulative total of 11,020 confirmed, probable and suspected deaths have been reported. In Guinea, Liberia and Sierra Leone, the average weekly confirmed case incidence declined from some 110 cases per week in March to an average of 30 cases in April. In April, the weekly incidence in Guinea decreased from 28 confirmed cases to 9 confirmed cases in the week ending 3 May. In Sierra Leone, the incidence in April fluctuated between 9 and 12 cases, with no discernible trend. Liberia did not report a single case in April. On 9 May, 42 days after the last laboratory-confirmed case was buried on 28 March 2015 in Liberia, the World Health Organization (WHO) declared Liberia Ebola free.

3. The geographical area of active transmission has more than halved since February 2015. Whereas 24 districts reported at least one confirmed case in February, only 12 reported a case in April. Almost all transmission is now centred near the west coast of Guinea and Sierra Leone. In Guinea, the western districts of Forécariah and Conakry accounted for 65 and 16 per cent, respectively, of all confirmed cases in April. In Sierra Leone, Western Area Urban (including the capital, Freetown) and Kambia accounted for 41 per cent and 46 per cent, respectively, of all confirmed cases in April. Nine of 14 districts in Sierra Leone have not reported a confirmed case in the past 21 days.

4. The epicentre of the initial outbreak, in the tri-border area around the Guinean prefecture of Guéckédou, the Liberian county of Lofa and the Sierra Leonean district of Kailahun, has not recorded a single case for more than 100 days; it has been more than 65 days since the last confirmed case was reported from the Guinée

Forestière region, which includes the prefectures of Guéckédou, Macenta, N'Zérékoré and Lola. Further restricting the geographical area of transmission to more easily accessible areas will be particularly important with the onset of the rainy season.

Progress towards ending transmission

Overall assessment

5. The Ebola response continues to be centred on four main lines of action: finding people with the disease and follow-up of their contacts; treatment of people with the disease; safe and dignified burials; and community engagement. In the week to 3 May, 18 cases were reported following a month-long period during which case incidence fluctuated between 31 and 37 confirmed cases per week. Early case detection, reinforcement of alerts and surveillance systems and awareness-raising activities have become even more critical in the last mile on the way to zero cases, leaving no room for the response to be diminished by complacency or exhaustion.

Progress towards meeting key targets

6. Case identification remains a crucial activity in the current phase of the response. The Governments of Guinea and Sierra Leone have taken significant steps to improve early case detection.

7. The campaign to encourage people to stay at home from 27 to 29 March launched by the Government of Sierra Leone formed part of the 60-day "Zero Ebola" plan, supported by UNMEER, WHO, the United Nations Children's Fund (UNICEF) and other partners active in social mobilization, case finding and house-to-house community engagement. The number of calls to the hotline number 117 and passive alerts (e.g., reported community alerts) increased by 65 and 132 per cent, respectively, during the campaign, indicating improved community engagement. Ten new confirmed Ebola cases were discovered during the course of the campaign.

8. In Guinea, on 28 March, President Alpha Condé declared a 45-day reinforcement of emergency measures in the prefectures of Forécariah, Coyah, Dubréka, Boffa, Kindia and Conakry. Those measures included the restriction of movement in areas of transmission, the temporary closure and quarantine of private hospitals and clinics where Ebola cases had been detected and limitations restricting participation in burials to close relatives only. A large awareness-raising and early case detection campaign was conducted in the prefecture of Forécariah between 12 and 15 April, reaching 91 per cent of the population. UNICEF led the social mobilization activities during the campaign, organizing 2,120 people who made door-to-door visits to more than 60,000 households. Twelve confirmed cases were identified in Forécariah during the period: seven were deaths and five were sick individuals. This figure represents more than half of the 23 confirmed cases registered in Forécariah from 12 to 18 April.

9. A similar campaign was launched in Coyah on 24 April, with more than 57,000 households visited during the four-day campaign period. Forty-four alerts were reported, none of which resulted in the identification of confirmed cases. The campaign resulted in a 91 per cent increase in alerts compared with the previous week. Other initiatives are planned for Dubréka, Conakry, Kindia and Boffa.

10. Owing to the smaller number of cases in Guinea and Sierra Leone, the number of contacts under follow-up has also declined since March. In Guinea, an average of 1,990 contacts were under follow-up in April, compared with an average of 2,383 contacts in March. Ninety-six per cent of registered contacts were traced daily during the same period. In Sierra Leone, the average number of contacts under follow-up decreased from 7,143 to 1,536 during the same period and 99 per cent of registered contacts were traced daily. In April, the average number of newly registered contacts per confirmed case was 30 in Guinea and 18 in Sierra Leone. Of the new, confirmed and probable cases reported, 37 per cent arose from registered contacts in Guinea during the period from 30 March to 3 May, compared with 46 per cent during the same period in Sierra Leone. As at 9 April, all contacts linked to the last confirmed case in Liberia had completed 21 days of follow-up.

11. In the context of declining case incidence and a shrinking area of transmission in Guinea and Sierra Leone, current treatment capacity exceeds demand. Accordingly, ministries of health and partners, in coordination with WHO, have continued the safe decommissioning of surplus Ebola treatment centres. Each country will retain a core capacity of high-quality centres strategically located to ensure complete geographic coverage, with additional rapid-response capacity held in reserve; 8 core centres will be retained in Guinea, 6 in Liberia and 13 in Sierra Leone. Surplus facilities will not close until a nearby district health facility can safely assume responsibility for triage and isolation or referral of cases. Given the current epidemiological situation in Guinea, the decommissioning of centres has not yet begun. As at 3 May, there were 8 operational centres in Guinea, 13 in Liberia and 14 in Sierra Leone. During the period from 1 April to 3 May, one health-care worker was infected with Ebola in Guinea; none were infected in Liberia or Sierra Leone.

12. There is sufficient laboratory capacity in the three affected countries to meet existing needs. From 1 April to 3 May, the number of operational laboratories, coordinated by WHO, decreased by 1 to 4 in Liberia, while the number of laboratories remained the same in Guinea and Sierra Leone at 10 and 12, respectively. In the five weeks to 3 May, 2,539 samples were tested in Guinea, 9 per cent of which tested positive for Ebola, a marked decrease from the 24 per cent that tested positive the previous month. By way of comparison, 7,389 new samples were tested in Sierra Leone, of which less than 1 per cent tested positive for Ebola. Of the 1,651 new samples tested in Liberia, none tested positive for Ebola. In the five weeks to 3 May, 99 per cent of samples from suspected and probable cases were tested within one day of collection in Guinea, 82 per cent in Liberia and 80 per cent in Sierra Leone.

13. Effective community engagement remains a challenge, in particular in Guinea, although signs of improvement have been observed. The number of prefectures that reported at least one security incident or other form of refusal to cooperate in Guinea decreased from seven to three during the reporting period. The Guinean authorities reported a good level of collaboration with communities during the door-to-door initiative conducted in Forécariah from 12 to 15 April. Only 66 households refused to be visited, representing less than 0.1 per cent of households reached. Only one sick individual initially refused to be transferred to an Ebola treatment facility, but finally agreed two days later. In Sierra Leone, during the second and third weeks of April, Kambia district reported incidents of resistance.

14. In line with the epidemiological situation, there has been a scaling down in the number of functional burial teams, from 80 to 68 in Liberia as at 21 April and from 129 to 102 in Sierra Leone as at 12 April. In Guinea, additional Red Cross burial teams are being trained and equipped to respond to the increase in reported deaths in the community. Consequently, the number of operational teams in Guinea will increase from 74 to 79.

15. The sufficient capacity to conduct safe burials at the national level notwithstanding, unsafe burials continue to be reported. In Guinea, despite a policy that all community deaths in Conakry and the surrounding prefectures must be carried out in a safe and dignified manner, 358 unsafe burials were reported.

16. Of the 62 Ebola deaths reported in Guinea in April, 31 occurred in the community. During the same period in Sierra Leone, there were 3 reported unsafe burials and 16 of 91 Ebola deaths occurred in the community. This indicates that a significant number of individuals are still either unable or reluctant to seek treatment. Ideally, such individuals would have been identified as contacts associated with known chains of transmission and would have been isolated, rapidly diagnosed and treated after the initial onset of symptoms.

Update on the operational activities carried out by the United Nations system through the United Nations Mission and its partners

17. During the reporting period, the Governments of Guinea and Sierra Leone led reenergized and targeted efforts in the final push towards zero cases ahead of the impending rainy season. As planned, and in line with a transitional road map involving WHO, the United Nations Development Programme (UNDP), UNICEF, the World Food Programme (WFP) and the Office for the Coordination of Humanitarian Affairs, UNMEER Liberia transferred its operations, functions and assets to the national Government, the United Nations agencies, funds and programmes and the United Nations Mission in Liberia (UNMIL). With the closure of the UNMEER Liberia office, the UNMIL Deputy Special Representative of the Secretary-General/Resident Coordinator has assumed all United Nations Ebola-related coordination and leadership activities. Both UNMEER Guinea and UNMEER Sierra Leone are advanced in planning similar transitions tailored to country-specific exigencies.

United Nations partners

18. The International Federation of Red Cross and Red Crescent Societies continued to support Ebola-related initiatives in the three affected countries, in partnership with national Red Cross societies. In the past 30 days, the focus of the International Federation's work has been focused on social mobilization, facilitating safe and dignified burials, disinfecting homes and supporting contact tracing, surveillance and psychosocial support. The International Federation and the Guinean Red Cross completed 968 safe and dignified burials, took samples from 1,333 persons who died in their communities, disinfected the homes of 663 families, safely transferred 76 patients to Ebola treatment centres and provided 163 volunteers and 10 vehicles for the early detection campaign in Forécariah. In Liberia, the International Federation and the Liberian Red Cross carried out 112 safe and dignified burials and disinfected 56 households. Beginning on 30 April, the Ministry of Health and Social Welfare assumed responsibility for those activities in

Liberia, while rapid response and preparedness capacities will be maintained through pre-positioned stock and standby teams. The Sierra Leonean Red Cross conducted 1,090 safe burials in April, more than half of all safe burials throughout Sierra Leone.

19. The United States Centers for Disease Control and Prevention has been providing Ebola response support in all three affected countries. In Liberia, the nationally chaired Border Coordination Group, initiated by UNMEER, the Centers for Disease Control, WHO and the International Organization for Migration (IOM), is coordinating the pre-positioning of infection prevention and control resources at strategic border crossing points. In Sierra Leone, the Centers for Disease Control has partnered with IOM and the civil aviation and airport authorities to screen more than 50,000 passengers at Lungi International Airport and to improve entry/exit screening processes, including through the deployment of two additional teams to ensure 24-hour airport monitoring services.

20. Médecins sans frontières continues to respond actively to the Ebola outbreak, with more than 1,300 staff still working in the region. Since March 2014, the organization has opened 15 Ebola management and transit centres, 2 of which are currently still caring for confirmed Ebola patients in Conakry and Freetown. Teams from Médecins sans frontières continue to conduct surveillance, contact tracing and social mobilization activities while assisting public health systems in safely restoring medical services. Since the onset of the outbreak, more than 9,400 patients, of whom nearly 5,200 were confirmed positive for Ebola, have visited the organization's Ebola management centres.

United Nations system

21. Through door-to-door visits, social mobilization and community engagement, UNICEF teams have raised the awareness of more than 2 million households in relation to Ebola prevention. UNICEF also continued to support community care centres and to provide water and sanitation support for Ebola treatment units. Since August 2014, UNICEF has delivered more than 8,000 tons of lifesaving supplies to the three countries.

22. In April, WHO had 730 staff, including more than 300 epidemiologists, deployed in some 60 locations throughout the three affected countries and Mali, with 50 per cent of staff in Guinea, 26 per cent in Sierra Leone and 19 per cent in Liberia. There have been more than 2,050 deployments through WHO (including network and partnership arrangements) in Guinea, Liberia, Mali, Nigeria and Sierra Leone. Efforts are under way to better integrate community engagement with case investigation and contact tracing and to inform community engagement with more detailed anthropological analysis.

23. In collaboration with the ministries of health in the three affected countries, WHO has established systems for the continuous assessment and improvement of infection prevention and control standards in Ebola treatment units to prevent cross-transmission between patients and to health-care workers. In Sierra Leone, WHO conducted 148 assessments in 81 Ebola treatment units between December 2014 and March 2015. Significant progress in meeting infection prevention and control standards was documented in 70 per cent of those units.

24. WHO has continued to coordinate and deploy international technical assistance from the Global Outbreak Alert and Response Network for nationally led response efforts in Guinea, Liberia and Sierra Leone. As at 30 April, the WHO operational support team had deployed 88 experts from the Network for critical response functions, 43 in Guinea, 10 in Liberia, 33 in Sierra Leone and 2 at WHO headquarters; a further 85 experts are awaiting deployment.

25. The Food and Agriculture Organization of the United Nations (FAO) has provided emergency support, funded by the World Bank Group, to the agricultural sector in the form of seeds, crops and animal husbandry equipment, cash for work, social mobilization activities and hygiene kits for 30,000 families. In addition, an FAO project, funded by the African Solidarity Trust Fund, consists of acquiring essential agricultural inputs and farm animals, as well as cash transfers, to enhance the livelihoods of 3,600 households. As at 30 April, FAO had identified the beneficiaries of the project, organized a training workshop for the implementing partners and begun the distribution of inputs and agricultural equipment.

26. WFP, in collaboration with WHO, has begun deploying prefabricated units to nine locations in Guinea and, in cooperation with WHO, UNMEER, the Centers for Disease Control, UNICEF and others, has mobilized assets and staff for the rapid establishment of operations centres. In Sierra Leone, WFP has assisted WHO with Internet connectivity, accommodation, office space and transportation; the WFP-led Common Services provided 10 vehicles in four locations.

27. WFP, through the United Nations Humanitarian Air Service, and UNMEER have transported more than 13,180 and 10,796 passengers since the outbreak began. As part of the transition of UNMEER responsibilities to United Nations agencies, funds and programmes, WFP has assumed specific air transport functions and other logistics from UNMEER. Four UNMEER helicopters were demobilized on 15 April, with one remaining in Guinea until 30 April. The Air Service fleet in the region now includes four aircraft and six helicopters, of which three are specially equipped for the medical evacuation of health and humanitarian personnel. To date, the Air Service has performed 30 medical evacuation flights in Guinea, Liberia and Sierra Leone. In coordination with UNMEER, WFP and the Air Service have examined options for additional routes from Conakry to the most affected areas in Guinea, including exploration of locations for helipads. The WFP-led emergency telecommunications cluster is also absorbing some of the information and communications technology equipment and services provided by UNMEER to ensure the maintenance of connectivity services throughout the three affected countries. WFP has also organized four-week-long logistics training for employees of the Government of Guinea and is planning similar training for the national staff of partner organizations and agencies throughout the three countries.

28. The Office for the Coordination of Humanitarian Affairs has increased its footprint in the affected countries. In Guinea, it has supported the coordination of the response in the five communes in Conakry and deployed field coordinators to Coyah and Forécariah prefectures to work alongside UNMEER field teams.

29. UNMEER has adapted its operational coordination function to focus on the deployment of integrated teams and the harmonization of messages and communication tools. In support of those campaigns, UNMEER has provided technical assistance on logistics, planning, population statistics, data collection, analysis, budgetary guidance and maps. An evaluation session was held after the

Forécariah campaign to improve subsequent initiatives. UNMEER also finalized a midterm evaluation of the 60-day "Zero Ebola" plan, outlining key achievements and lessons learned. On 17 April, the Ministry of Health of Guinea and partners organized an awareness-raising meeting with the National Union of Traditional Healers to engage traditional practitioners in the awareness-raising campaign.

30. IOM has continued to reinforce the capacities of the prefectural and regional Ebola coordination mechanisms through the rehabilitation of 19 prefectural emergency operations centres in Guinea. A centre in Siguiri prefecture is nearing completion. IOM continues to support safe migration and health management at border points, training staff in the use of awareness-raising materials, infection prevention and control measures and collection of data on migrants. In Sierra Leone, IOM manages the training academy for frontline health-care workers which, working with Sierra Leone government partners and WHO, has trained more than 6,500 health-care professionals on infection prevention and control and clinical care. Since mid-January, rapid response mobile training teams have trained in excess of 700 health-care workers, corrections officers and border officials.

31. In Sierra Leone, IOM has been working with implementing partners to distribute some 1,000 emergency care kits in areas of high case incidence. Ahead of the rainy season, the distribution has been expanded to include quarantined households and peripheral health-care units. IOM and implementing partners have continued to roll out their social mobilization activities in Kono and Bombali and have supported action on the measles outbreak in Kono. In Bombali, IOM, accompanied by partners, has also supported two government-led border assessments in Kambia and Kailahun districts and assessment missions to Pujehun, Bombali and Koinadugu. Major challenges in tracking and preventing potential Ebola transmission relate to the extensive use of non-official border crossing points and long borders over rugged terrain. UNDP has donated eight state-of-the-art shelter tents to the Bureau of Immigration and Naturalization as part of efforts to ensure effective monitoring of Liberian border posts.

32. In Liberia, as part of the transfer of key Ebola-related services such as triage, safe isolation and referral to community health teams, Ebola treatment units in Bomi and Grand Bassa managed by IOM officially stopped taking patients on 15 April. IOM is upgrading existing health facilities to facilitate the application of the infection prevention and control measures required for the safety of health-care workers and patients.

33. In Guinea, UNMEER continued to support activities that reinforce adherence to Ebola protocols, strengthen coordination and adjust response strategies to the evolving epidemiology. In Kindia, UNMEER and other partners facilitated a stakeholders' forum of more than 150 leaders representing women, youth, media, private sector and religious community constituencies to discuss the socioeconomic implications of Ebola and consider action to reinforce adherence to preventive health measures.

34. In Guinea, UNMEER has continued to deploy staff to the National Coordination Cell, in addition to field crisis managers and information managers in prefectures with active Ebola transmission. UNMEER and WHO, in partnership with United Nations agencies, the Centers for Disease Control, the United States Agency for International Development (USAID) and IOM, have developed field strategies and reallocated resources and transport logistics to the areas of highest

risk, including terminating Mi8 helicopter services to the Guinée Forestière region on 16 April. UNMEER has provided the National Ebola Response Centre with four more ambulances and mobile phones and SIM cards. UNMEER has also loaned three field vehicles to operations conducted by the Office for the Coordination of Humanitarian Affairs in Conakry, Coyah and Forécariah. All field vehicles in Guinea that were initially loaned to the African Union have now been handed over as donations.

35. Increasing political tensions, along with complications arising from the rainy season that is expected to arrive by mid-May, are the key risk factors that could disrupt continued progress in combating Ebola in Guinea. To manage the risk of potential fuel shortages, UNMEER has worked alongside the WFP logistics cluster to set up a mechanism for UNMEER to use WFP fuel reserves in Conakry, N'Zérékoré and Kissidougou, should the need arise.

36. The United Nations Population Fund (UNFPA) has continued to support contact tracing and community engagement in Guinea. It trained and equipped 518 agents in 132 village committees. With donations of 130 mobile phones and 88 solar chargers to support the use of the "CommCare" mobile application, UNFPA Guinea continued its focus on locating and tracking those who might have been exposed to Ebola, including by hiring information managers to supervise the process at the prefectural level. In Liberia, UNFPA is leading contact tracing and epi-surveillance in 6 of the 15 counties.

37. The World Bank Group continued to dispense two tranches of funds of $31 million and $72 million, respectively, to support the Government of Guinea, which has used the resources in part to finance bilateral contracts with partners, including UNICEF, WHO, UNFPA, the United Nations Office for Project Services (UNOPS) and WFP.

38. WHO and the Centers for Disease Control have supported the Ministry of Health of Liberia in training 150 laboratory technicians from all 15 counties and supported social workers and mental health clinicians to lead community-healing dialogues. In partnership with the Ministry, WHO has supported the decommissioning process, including of five Ebola treatment units in Montserrado County. In preparation for the rainy season, WHO is working with WFP to pre-position one to three months' supply of personal protective equipment in all counties.

39. In support of the Sierra Leonean "stay at home" campaign to reinvigorate efforts to combat Ebola, UNMEER provided technical and logistical support and financing of $450,000. UNMEER has donated 87 vehicles and 154 motorcycles to the Sierra Leonean National Ebola Response Centre and 44 vehicles to other partners. It has also funded the renovation of two abandoned classrooms at Police Training School 1 in Hastings (Western Area) to serve as an off-site quarantine location for high-risk contacts.

40. Also in Sierra Leone, UNMEER partners in Koinadugu provided VHF radios for use by community health centres and have distributed 24 satellite phones for use by response workers. In conjunction with UNMEER, Catholic Relief Services established an integrated rapid response team to manage 72 quarantined homes in Rosanda village, Bombali.

41. As the Ebola outbreak in Sierra Leone has shifted geographically, UNMEER has reconfigured its field presence and further strengthened its operations in high-risk districts, including Kambia, Western Area, Port Loko and Bombali. In cooperation with other partners, UNMEER mobilized information and communications technology assets and staff for deployment to the remaining districts and communes with active Ebola transmission in Guinea.

42. WFP is augmenting its storage capacity in view of the impending rainy season. In Guinea, consolidation works are due to begin soon, while in Liberia and Sierra Leone work is under way to reinforce existing facilities. In Liberia, WFP is coordinating the movement of goods before the onset of the rainy season, while in Sierra Leone WFP extended the main logistics hub in Port Loko, bringing the total storage space to 7,680 m^2.

43. The focus in Liberia has been on staying at zero and completing the seamless and coordinated transition of UNMEER Liberia operations, functions and assets to United Nations agencies, funds and programmes and UNMIL. UNMEER Liberia has completed the transfer of information management and reporting functions to the Office for the Coordination of Humanitarian Affairs and of operations and logistics tasks to WFP, including support for the rapid isolation and treatment of Ebola. UNMEER also completed the handover of information technology equipment to WFP and UNMIL, with the remaining stock to be shipped to Accra. Of the 181 vehicles, not including the two armoured vehicles and three ambulances, deployed to UNMEER Liberia, all but 46 have been donated to the Government and response partners; the redeployment of 27 remaining vehicles to Guinea and Mali is awaiting the finalization of procurement processes.

44. UNMEER Liberia is also in the final stages of handing over the management of its community-based projects, which are funded by the Ebola Response Multi-Partner Trust Fund, to the United Nations agencies, funds and programmes. UNDP is taking on the implementation of more than 60 community-based projects with a total value of $335,000, including those relating to water and sanitation, as well as awareness-raising programmes for the enhanced reintegration of Ebola survivors. Meanwhile, the Ebola Response Multi-Partner Trust Fund funded a position of Monitoring and Evaluation Officer in the Resident Coordinator's Office to support related reporting and monitoring activities.

45. UNMEER Liberia has supported 19 community-based projects, 12 of which are field-based projects implemented at a cost of $387,770.50 The projects injected much-needed resources to improve cross-border community engagement training, Ebola awareness-raising campaigns, small-scale health infrastructure restoration and capacity-building training.

46. In Lofa County, UNMEER Liberia supported PeaceLink to conduct three workshops for traditional leaders, women's and youth groups, religious leaders and healers from 37 border communities on Ebola-specific border management and community event-based surveillance. In Sinoe County, UNMEER and WHO helped the county health team to roll out a campaign of social mobilization against Ebola and other prevalent contagious diseases.

Activities of the Special Envoy on Ebola

47. My Special Envoy has continued to provide strategic leadership and guidance to the responder community, including through weekly meetings of the Global Ebola Response Coalition. To support resource mobilization and advocacy efforts, my Special Envoy joined me for Ebola-related events held during the World Bank Group-International Monetary Fund (IMF) spring meetings on 16 and 17 April in Washington, D.C. Participants welcomed progress on national recovery plans being developed by the countries affected by Ebola. Contributions were announced, including $650 million from the World Bank Group, $300 million from the African Development Bank, $80 million from the Global Alliance for Vaccines and Immunization, $387 million from the Global Fund to Fight AIDS, Tuberculosis and Malaria and $126 million from USAID. My Special Envoy and I also discussed the Ebola response and next steps towards recovery with the Presidents of Guinea, Liberia and Sierra Leone, building on the dialogue under way between both my Special Envoy and my Special Representative and the three Presidents, during their travels throughout the region.

48. In April, the Ebola Response Multi-Partner Trust Fund, which is managed by my Special Envoy, received deposits totalling $336,000, bringing total deposits in the Fund to $140.4 million. Of that amount, $125 million has been allocated to support district surveillance (UNDP, UNFPA and WHO), logistics and transport (WFP), community care centres (UNICEF), social mobilization (UNICEF and WHO), strengthening of the Payment Programme for Ebola Response Workers (UNDP), strengthening of national response capacities (UNMEER and UNOPS), airport preparedness and technical assistance training (International Civil Aviation Organization), support to the Mano River Union confidence-building units (Mano River Union, UNDP) and payment and capacity development in respect of Ebola survivors (UNDP and the United Nations Entity for Gender Equality and the Empowerment of Women).

Building resilience and supporting recovery

Ebola recovery planning

49. All three countries most affected by Ebola are developing their Ebola recovery strategies. UNDP country offices have developed early recovery and resilience support frameworks aimed at providing effective support both to the national Governments and the Mano River Union in achieving their goals for recovery. The frameworks incorporate strategies to stimulate economic recovery and livelihoods, restore the functionality and promote the recovery of the health sector, strengthen resilient governance, peace and stability and prevent future Ebola outbreaks. The strategies also include action to strengthen regional cooperation on issues pertaining to health, cross-border security, disaster risk reduction and management, as well as subregional socioeconomic development. Recognizing that socioeconomic shocks caused by Ebola hit extremely poor and labour-constrained households the hardest, UNDP and the World Bank Group are jointly supporting the Liberian social safety net cash transfer programme.

50. Early recovery partners, including the World Bank Group, the European Union and the African Development Bank, have also been working together to support the Mano River Union subregional post-Ebola socioeconomic recovery strategy and the framework for the establishment and management of the regional Ebola recovery

fund. The integrated report of the early recovery assessment also serves as a contribution to the Mano River Union strategy.

51. The Presidents of Guinea, Liberia and Sierra Leone presented their Ebola recovery plans on 17 April, during the World Bank Group-IMF spring meetings. WHO convened a side event with the World Bank Group and USAID, entitled "From Ebola to more resilient health systems", at which the respective ministers of health presented and discussed their health-sector recovery plans with development partners and other stakeholders, with the aim of accelerating support for ending the epidemic and strengthening health systems throughout the affected countries. The meetings' organizers and development partners committed themselves to aligning their support with agreed country plans and priorities under the leadership of national Governments, on the basis of the principles of the International Health Partnership, with specific mechanisms for coordination at the country level. In each of the three affected countries, WHO has worked closely with national authorities and various actors to support the development of costed national recovery plans and provided technical assistance in developing and implementing the immediate early recovery of those countries and the development of longer-term health systems.

52. Also at the spring meetings, the World Bank Group announced that it would provide at least $650 million over the coming 12 to 18 months to help Guinea, Liberia and Sierra Leone to recover from the impact of the Ebola crisis and advance their longer-term development objectives. The priority areas of the new funding will be strengthening health systems and front-line care; agriculture; education; cash transfers and other social protection programmes; and lifesaving infrastructure such as electricity, water, sanitation and roads. The new pledge brings the Group's total financing for Ebola response and recovery efforts to more than $1.6 billion.

53. Following the meetings, the Mano River Union requested UNDP to continue to provide support in the areas of costing and implementation of the regional strategy.

Non-Ebola health care

54. In all three affected countries, WHO is currently developing an integrated approach to reactivate health services, focusing on immunization, malaria, newborn and child health and maternal and reproductive health. WHO continues to work on the implementation of infection prevention and control best practices, training for front-line health-care workers and students and technical expertise for the development of national plans and strategies.

55. WHO has worked closely with ministries of health and partners to develop standard operating procedures and tools for the assessment and implementation of basic infection prevention and control principles, including national guidelines that were to be released in April in Sierra Leone. In Guinea and Liberia, WHO is providing support to health facilities on appropriate structures and processes and on improving performance in preventing and controlling infection.

56. WHO is supporting Guinea, Liberia and Sierra Leone to develop interventions aimed at building a needs-based health workforce, with particular emphasis on immediate interventions for the restoration of essential health services and core health system functions, including reproductive and maternal health care. To inform national investment plans, WHO has prepared an analysis of the health workforce

situation, examining current health needs against projected future health workforce levels, and identified critical labour market approaches and their cost implications.

57. Taking stock of the critical linkages between surveillance and health systems, the report on a workshop co-hosted by WHO and the World Bank Group in Geneva on the establishment of a regional network of disease surveillance and preparedness systems in West Africa will feed into a West African regional collaborating centre for the proposed African centres for disease control and prevention. WHO is also working with donor partners to establish effective surveillance capacities such as early detection and integrated epidemiological and laboratory data management. This will be fully assimilated into the national Integrated Disease Surveillance and Response system.

58. UNICEF and WHO have continued to actively support immunization programmes in the affected countries, which were curtailed at the height of the Ebola outbreak. In Guinea, they have supported the second round of a nationwide measles immunization campaign that began on 18 April, targeting 1.3 million children between 6 months and 9 years of age in 13 districts. In Liberia and Sierra Leone, they are actively working on preparations for polio and measles vaccination campaigns to be held in May. Support from UNICEF includes provision of vaccines and cold chains, training of people to administer the vaccines and community engagement campaigns. Working with national authorities, WHO has expanded access to malaria treatment with mass drug administration campaigns; more than 2 million people in Sierra Leone and more than 300,000 people in Liberia throughout Ebola-affected districts were presumptively treated for malaria during the past few months.

59. In Liberia, UNICEF is supporting the Government in refining critical investment areas for building a resilient health system. Providing a career path for general community health volunteers and strengthening the district-level health system are key components. At the same time, UNICEF continues to provide lifesaving aid for infection prevention and control at the household level and in health facilities. In Sierra Leone, the preliminary results of a survey by the Ministry of Health and Sanitation, supported by UNICEF, show that most health facilities are open and that utilization trends in most districts have increased. An additional 295 health-care staff were trained to safely provide maternal and infant care in the context of the Ebola epidemic. In Guinea, UNICEF supplied health facilities in Labé, Nzérékoré, Kankan, Boké, Kindia and Conakry with reagents and other laboratory consumables to prevent the transmission of HIV from mother to child.

60. In the Ebola-affected countries, UNFPA has been working with the Governments and other partners to improve health-care provision relating to antenatal care, safe deliveries, postnatal care, emergency obstetric and neonatal care, family planning, obstetric fistula and sexually transmitted infections/HIV, including prevention of and response to gender-based violence. UNFPA is supporting the Government of Sierra Leone in reviving its maternal and neonatal service delivery, upgrading its youth-friendly health services and training health-care workers on adolescent sexual and reproductive health. In Guinea, its support has included the donation of a mobile clinic for outreach interventions, the provision of community-based services in health establishments and support to rape victims. In Liberia, UNFPA procured and distributed delivery kits for use in home delivery when access to health-care services was not possible, procured essential

maternal lifesaving drugs and contraceptives for health facilities nationwide and supported training of health-care workers on infection prevention and control.

Protection

61. The protection cluster in Liberia, led by the Office of the United Nations High Commissioner for Human Rights, continued to coordinate the engagement of key stakeholders on protection issues relating to gender-based violence, stigmatization and discrimination, in addition to monitoring and reporting and providing training on human rights issues of concern emerging from the Ebola crisis.

62. In Liberia, the child protection subcluster, co-led by UNICEF and the Ministry of Gender, Children and Social Protection, provided assistance to children affected by Ebola, including those quarantined, orphaned, unaccompanied or separated from family members. UNICEF is also supporting the revitalization of birth registration and certification, which slowed down or stopped in many health centres during the Ebola outbreak. Assessments indicate that most of the 73,000 children born during the outbreak have not been registered. In Guinea, UNICEF has trained 235 health-care workers in providing psychosocial support. Leading the door-to-door awareness-raising teams, these individuals are making an important contribution to the Government's intensified activities to stop the transmission of Ebola in Conakry and five surrounding prefectures. In Guinea and Liberia, 5,656 and 2,300 orphaned children, respectively, have been provided with cash transfers.

63. In Sierra Leone, UNFPA is mobilizing its implementing partners to support case management of vulnerable groups and their access to services. Partners are supporting the Ministry of Social Welfare, Gender and Children's Affairs in strengthening the family tracing and reunification system, including by establishing protection desks in the districts. As a last resort, interim care centres are providing care and support for non-contact Ebola-affected children with no caregivers.

Education

64. Schools in all three countries are now open, with the resumption of classes for 1.8 million children in Sierra Leone on 14 April, following a closure lasting nine months. As was the case in Guinea and Liberia, UNICEF supported the training of thousands of teachers in school safety protocols, including hand washing and temperature checking.

65. In Sierra Leone, according to the Government, the distribution of basic hygiene and safety supplies has been completed for all schools identified in the 2012-2013 National School Census. Some schools not included in the census reported not receiving any of those essential supplies, however. UNICEF has begun to distribute learning materials to more than 1.8 million children. In total, more than 7.4 million exercise books and 4.4 million pens and pencils will be distributed. The radio education programme continues to broadcast lessons to complement schooling, including for quarantined children. With continued support from UNICEF, the Ministry of Education, Science and Technology plans to reschedule the programmes to afternoon hours so that children can also have access to lessons after school.

66. In Liberia, UNICEF procured hygiene kits for 581 schools in Montserrado County, which had been left out of the first round of distributions requested by the

Ministry of Education. Ninety-nine per cent of schools reported that they were open. In Guinea, adherence to school safety protocols is irregular and stocks of soap in schools are not being used at the expected level. UNICEF is working with parent-teacher associations and cluster partners to devise ways to tackle the issue.

67. WFP is gradually resuming school meals in the three countries. In Guinea, WFP supports 118,000 children in 840 schools and is planning to add 812 more schools to the programme in areas hardest hit by the outbreak. In Liberia, WFP resumed school feeding for 8,800 schoolchildren in Maryland County and aims to progressively reach 104,000 schoolchildren in 10 counties. In Sierra Leone, WFP will resume activities in about 600 schools that had been identified before the outbreak. Moreover, WFP was requested by the Government to support school clean-up efforts by providing short-term food assistance as an incentive to participants, targeting some 8,000 schools.

Economic impact, livelihoods and food security

68. The economic impact of the Ebola outbreak continues to be felt throughout the three affected countries. The lull in construction and other income-generating activities continues to have significant implications for employment and livelihoods, especially for women, youth and poor rural households. The reduction in revenue caused by the outbreak has also disrupted progress towards achievement of the Millennium Development Goals by impeding progress in infrastructure development and the delivery of social services.

69. According to data collected by WFP on key food security indicators, the recovery of wage levels in all districts of Sierra Leone and in parts of Liberia suggests that economic activity is resuming following the lifting of quarantine measures. A high proportion of people living in rural areas that have been affected by the Ebola outbreak have had difficulties coping with its consequences. The same challenge has been reported by the poorest households and households headed by women. WFP, in collaboration with the respective ministries of agriculture and FAO, has begun an emergency food security assessment to comprehensively map the food security situation in the three countries to enable better targeting of food-insecure populations.

70. To date, WFP has provided food assistance to more than 2.8 million people in Guinea, Liberia and Sierra Leone in support of the health response. In Liberia, WFP has distributed some 1,000 phones for cash transfers to 3,725 survivors and their households. In Guinea, in the light of the new emergency measures declared by the Government, WFP continues to support contact cases and their households by providing food rations and hygiene kits within 24 to 48 hours; in April, WFP reached more than 1,000 contact cases and their families. WFP continues to provide nutritious food to Ebola orphans: in April, more than 2,000 orphaned children received WFP food packages throughout the affected countries.

71. In April, WFP scaled up its transition assistance, providing food and/or cash to Ebola-free communities where access to food and resumption of livelihoods remain challenging. In Guinea, WFP provided more than 200,000 people with food support; in Liberia, more than 70,000 people received a mix of food and cash assistance to support households and stimulate the local economy. In Sierra Leone, WFP is identifying the beneficiaries for this phase of the response.

International Ebola recovery conference

72. To focus international attention on the need for targeted investment to enable Ebola-affected countries to recover, I will host a high-level international conference on Ebola recovery in New York on 10 July 2015. Organized in close cooperation with the Governments of Guinea, Liberia and Sierra Leone, the conference will bring together other key response partners and provide an opportunity for the Governments of the three affected countries to share with the broader international community country and regional Ebola recovery strategies, plans and resource needs, with priority given to the immediate period of 12 to 18 months; reaffirm their commitment to according priority to Ebola recovery in their national and regional development plans and budgets; commit themselves to applying mutually agreed New Deal for Engagement in Fragile States principles in their recovery efforts; and secure pledges of international support to fill technical and resource gaps that is needed to ensure the timely and efficient implementation of the recovery strategies for the period of 12 to 18 months.

Preventing outbreaks in non-affected countries

73. WHO continues to provide dedicated and field-based support to Member States to assist with Ebola preparedness. In priority countries, WHO and partners are implementing operational plans for Ebola preparedness activities. Current preparedness efforts are directly linked to the strengthening of health systems and the implementation of the International Health Regulations.

74. During April, WHO deployed a team to South Sudan to assess the country's preparedness as well as teams to Benin, Burkina Faso, Guinea-Bissau, Mauritania and Senegal to provide further technical support. A follow-up visit to Burkina Faso focused on coordination, risk communication and social engagement, outbreak logistics and rapid response capacities, including technical support to the Ebola treatment centre in Ouagadougou. A visit to Benin provided support to the Ministry of Health with surveillance protocols and standard procedures, case detection and case management. In Guinea-Bissau, WHO provided training on safe and dignified burials and provided technical assistance in stock management to the national logistics subcommittee. In Mauritania, tailored support was provided to the Ebola treatment centre and on outbreak logistics.

75. The progress made by priority countries is updated regularly on the Ebola preparedness dashboard. As at April 2015, 29 per cent of priority countries had achieved an implementation rate of at least 50 per cent of the Ebola preparedness checklist, compared with 7 per cent in December 2014. Eight dedicated WHO Ebola Preparedness Officers are currently deployed to priority countries.

76. To provide a more evidence-based approach for monitoring progress and overall levels of preparedness, WHO will be supporting priority countries to undertake robust outbreak simulation exercises. The exercises will be conducted regularly for countries that have implemented 50 per cent or more of the Ebola preparedness checklist.

77. The World Bank Group will earmark some of the contribution of $650 million announced at the spring meetings to develop a regional disease surveillance system throughout West Africa.

Way forward

78. There was continued, notable progress in efforts to combat Ebola during the reporting period. While the incidence of new infections was still unpredictable and dispersed, it was increasingly confined to a smaller geographical area. Overall numbers of new infections plateaued at about 30 new cases per week in April, in comparison with early March when the figure was around 100 cases per week. The further geographical contraction of the outbreak was evident by the concentration of newly confirmed cases in two adjacent districts/prefectures straddling the border between Sierra Leone and Guinea, Forécariah and Kambia. On 9 May 2015, Liberia was declared Ebola free by WHO after it reached the milestone of 42 days since the last laboratory-confirmed victim was buried, on 28 March. The immediate priority is to continue to assist the Governments of all affected countries to get to and stay at zero cases.

79. I should like to thank my outgoing Special Representative, Ismail Ould Cheikh Ahmed, for his outstanding and dedicated contribution to the Ebola response effort. The footprint of UNMEER continues to shift in response to epidemiological trends within the affected countries. UNMEER staff and other resources have been redeployed from Accra and Liberia to further strengthen UNMEER operations in Sierra Leone and Guinea, including at the prefectural and district levels. Just as his predecessor, my new Acting Special Representative will shuttle between the affected countries as needed, spending most of his time in Guinea and Sierra Leone, and will continue to ensure unity of purpose and clear operational focus among all responders ahead of the rainy season. My Special Envoy and WHO continue to provide the strategic and technical direction, respectively, for reaching and remaining at a resilient zero cases.

80. In Liberia, UNMEER has completed the transition of its operations, functions and assets to United Nations agencies, funds and programmes and UNMIL under a joint transition road map involving WHO, UNDP, UNICEF, WFP and the Office for the Coordination of Humanitarian Affairs; the UNMEER office in Liberia will formally close in June. I should like to thank former Ebola Crisis Manager and my current Acting Special Representative, Peter Graaff, and the UNMEER Liberia team for their excellent efforts to date, which were critical in stemming the spread of the virus and for reaching this noteworthy milestone.

81. Meanwhile, UNMEER teams in both Guinea and Sierra Leone are well advanced in planning similar transitions under the leadership of respective resident coordinators supported by the Ebola crisis managers. Plans are under way for the further downsizing and closure of UNMEER Accra. Participants at a transition meeting with the United Nations Development Group for Africa held in Dakar early in May supported the transition plan. UNMEER remains on track to meet established timelines for the closure of its offices in Liberia by 31 May and in Sierra Leone and Guinea by 31 July, with an end to the overall mission by 31 August. I am confident that the United Nations agencies, funds and programmes will rise to the challenge of maintaining intensified engagement, while supporting national partners in the transition from emergency response to early recovery.

82. Moving forward, the last mile of the Ebola response will require an increasingly targeted approach to understand and then tailor interventions to the specific triggers of Ebola transmission in the remaining affected localities. Rendering the strategy operational requires the deployment of teams of national

experts embedded in affected communities for extended periods to gain the trust of local communities and to understand and work jointly with communities to address the triggers of continued Ebola transmission. Progress in the implementation of this last-mile strategy will be assessed with community-based benchmarks that are tailored to local exigencies on the ground and that will help to focus and/or recalibrate interventions swiftly.

83. The sustained presence and expertise of WHO at the community level in the affected countries is integral to the successful implementation of this last-mile strategy. A strong WHO technical presence at the community level, including beyond the end of the outbreak, will also be essential to ensure that there is sufficient surveillance capacity and that there is no lapse in active surveillance with the transfer of responsibilities from UNMEER to the United Nations agencies, funds and programmes. I recognize the significant scaling up of the WHO presence on the ground and trust that WHO can maintain this presence throughout the rainy season to ensure that the gains made thus far are consolidated and that we reach and stay at a resilient zero cases in the region. I encourage WHO, throughout May, to elaborate plans for its continued presence and related resource needs in the affected countries. It will be particularly important throughout the rainy season to support the Governments in ensuring that sustainable surveillance capacities to prevent a recurrence of Ebola are put in place. The collective investments — of the communities, the Governments and regional and international stakeholders — are too great to allow the rainy season to derail the progress achieved thus far.

84. The plans by UNMEER to transfer its functions to national and United Nations agency, fund and programme partners would be greatly enhanced if sufficient resources were available to enable them to increase their capacities, and the support that they offer, to the required level. More resources are needed to bring the outbreak to a definitive end and adequately position the United Nations agencies, funds and programmes to scale up to sustain the response effort and commence recovery activities in an integrated manner. To date, the Ebola response overview of needs and requirements, totalling $2.27 billion, has been funded to the extent of $1.5 billion, roughly 66 per cent of the total; the balance of some $770 million has yet to be raised. Of this sum, $400 million is urgently needed. The contribution of about half of this amount is now anticipated, leaving a residual gap of about $200 million that needs to be filled to permit the United Nations system to continue to support a sustainable end to the outbreak until the end of 2015. I call upon Member States to remain supportive in this last mile of the response and to mobilize the resources within their means to finish the job. In particular, the Ebola Response Multi-Partner Trust Fund has been an invaluable tool for financing and overcoming key obstacles to the response, but it needs to be replenished.

85. I should like to thank the Presidents of Guinea, Liberia and Sierra Leone for their powerful leadership in the global Ebola response effort. In particular, I welcome continued national efforts, including the Guinean campaign for sensitization and detection of Ebola cases and the Sierra Leonean "Zero Ebola" campaign. In Guinea, the campaign has been instrumental in uncovering new Ebola cases in Forécariah. The commitment of the people of Guinea and Sierra Leone has been apparent during these initiatives as we continue to guard against complacency and fatigue ahead of the rainy season. The meeting of the three Presidents in Washington, D.C., proved yet again that the region stands together in solidarity. The Presidents have consistently called upon us to continue to support them in their fight

to reach zero and to stay the course on their road to recovery. Their recent initiatives will require strong material and moral support from the international community. The people of the affected countries deserve our renewed commitment and reenergized support. I am confident that we will continue to provide it.

86. I would be grateful if you could bring the present letter to the attention of the members of the General Assembly.